



# Texas Agricultural Extension Service

## Computerized Health Risk Appraisal Inventory

**Detach this coupon and put it in a safe place.  
You will need it to claim your appraisal results.**

(Your Identification Number)

Health Risk Appraisal is an educational tool. It shows you choices which can be made to keep good health and avoid the most common causes of death for a person your age and sex. The Health Risk Appraisal is not a substitute for a check-up or physical exam from your physician. It only gives you ideas for lowering your risk of getting sick or injured in the future. It is NOT designed for people who already have HEART DISEASE, CANCER, KIDNEY DISEASE, OR OTHER SERIOUS CONDITIONS. If you have any of these problems and you want a Health Risk Appraisal anyway, ask your doctor or nurse to read the report with you.

**Directions:** To keep your answers confidential DO NOT write your name on this form but use a six digit identification number such as the last six digits of your social security number or your driver's license number. Detach and keep the coupon with your identification number on it to claim your computer report. To get the most accurate results, answer as many questions as you can and as best you can. If you do not know the answer leave it blank. However, you must answer questions one through four and fifteen through seventeen to get a printout.

**Please put your answers in the empty boxes. (Examples: ☒ or ☐ 125 )**

1. SEX	1 <input type="checkbox"/> Male	2 <input type="checkbox"/> Female
2. AGE	<input type="text"/> Years	
3. HEIGHT	(Without shoes) (No Fractions)	<input type="text"/> Feet <input type="text"/> Inches
4. WEIGHT	(Without shoes) (No Fractions)	<input type="text"/> Pounds
5. Body frame size	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium 3 <input type="checkbox"/> Large	
6. Have you ever been told that you have diabetes (or sugar diabetes)?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
7. Are you now taking medicine for high blood pressure?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
8. What is your blood pressure now?	<input type="text"/> / <input type="text"/> Systolic (High number)/Diastolic (Low number)	
9. If you <i>do not</i> know the numbers, check the box that describes your blood pressure.	1 <input type="checkbox"/> High 2 <input type="checkbox"/> Normal or Low 3 <input type="checkbox"/> Don't Know	
10. What is your TOTAL cholesterol level (based on a blood test)?	<input type="text"/> mg/dl	
11. What is your HDL cholesterol (based on a blood test)?	<input type="text"/> mg/dl	
12. How many cigars do you usually smoke per day?	<input type="text"/> cigars per day	
13. How may pipes of tobacco do you usually smoke per day?	<input type="text"/> pipes per day	
14. How many times per day do you usually use smokeless tobacco? (Chewing tobacco, snuff, pouches, etc.)	<input type="text"/> times per day	

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Your report may be picked up at \_\_\_\_\_ on \_\_\_\_\_.

15. CIGARETTE SMOKING

How would you describe your cigarette smoking habits?

- 1 ☐ Never smoked ➡ Go to 18  
2 ☐ Used to smoke ➡ Go to 17  
3 ☐ Still smoke ➡ Go to 16

16. STILL SMOKE

How many cigarettes a day do you smoke?

cigarettes per day ➡ Go to 18

17. USED TO SMOKE

a. How many years has it been since you smoked cigarettes fairly regularly?

years

b. What was the average number of cigarettes per day that you smoked in the 2 years before you quit?

cigarettes per day

18. In the next 12 months how many thousands of miles will you probably travel by each of the following? (NOTE: U.S. average = 10,000 miles)

- a. Car, truck, or van:  
b. Motorcycle:

,000 miles  
,000 miles

19. On a typical day how do you USUALLY travel?

(Check one only)

- 1 ☐ Walk  
2 ☐ Bicycle  
3 ☐ Motorcycle  
4 ☐ Sub-compact or compact car  
5 ☐ Mid-size or full-size car  
6 ☐ Truck or van  
7 ☐ Bus, subway, or train  
8 ☐ Mostly stay home

20. What percent of the time do you usually buckle your safety belt when driving or riding?

%

21. On the average, how close to the speed limit do you usually drive?

- 1 ☐ Within 5 mph of limit  
2 ☐ 6-10 mph over limit  
3 ☐ 11-15 mph over limit  
4 ☐ More than 15 mph over limit

22. How many times in the last month did you drive or ride when the driver had perhaps too much alcohol to drink?

times last month

23. How many drinks of alcoholic beverages do you have in a typical week?

(Write the number of each type of drink)

Bottles or cans of beer  
 Glasses of wine  
 Wine Coolers  
 Mixed drinks or shots of liquor

➡ MEN: Go To Question 33

WOMEN

24. At what age did you have your first menstrual period?

years old

25. How old were you when your first child was born?

years old  
(If no children write 0)

26. How long has it been since your last breast X-ray (mammogram)?

- 1 ☐ Less than 1 year ago
- 2 ☐ 1 year ago
- 3 ☐ 2 years ago
- 4 ☐ 3 or more years ago
- 5 ☐ Never

27. How many women in your natural family (mother and sisters only) have had breast cancer?

women

28. Have you had a hysterectomy operation?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Not sure

29. How long has it been since you had a pap smear for cancer?

- 1 ☐ Less than 1 year ago
- 2 ☐ 1 year ago
- 3 ☐ 2 years ago
- 4 ☐ 3 or more years ago
- 5 ☐ Never

★ 30. How often do you examine your breasts for lumps?

- 1 ☐ Monthly
- 2 ☐ Once every few months
- 3 ☐ Rarely or never

★ 31. About how long has it been since you had your breasts examined by a physician or nurse?

- 1 ☐ Less than 1 year ago
- 2 ☐ 1 year ago
- 3 ☐ 2 years ago
- 4 ☐ 3 or more years ago
- 5 ☐ Never

★ 32. About how long has it been since you had a rectal exam?

- 1 ☐ Less than 1 year ago
- 2 ☐ 1 year ago
- 3 ☐ 2 years ago
- 4 ☐ 3 or more years ago
- 5 ☐ Never

→ (WOMEN: Go To Question 34)

## MEN

★ 33. About how long has it been since you had a rectal or prostate exam?

- 1 ☐ Less than 1 year ago
- 2 ☐ 1 year ago
- 3 ☐ 2 years ago
- 4 ☐ 3 or more years ago
- 5 ☐ Never

★ 34. How many times in the last year did you witness or become involved in a violent fight or attack where there was a good chance of a serious injury to someone?

- 1 ☐ 4 or more times
- 2 ☐ 2 or 3 times
- 3 ☐ 1 time or never
- 4 ☐ Not sure

★ 35. Considering your age, how would you describe your overall physical health?

- 1 ☐ Excellent
- 2 ☐ Good
- 3 ☐ Fair
- 4 ☐ Poor

★ 36. In an average week, how many times do you engage in physical activity (exercise or work which lasts at least 20 minutes without stopping and which is hard enough to make you breath heavier and your heart beat faster)?

- 1 ☐ Less than 1 time per week
- 2 ☐ 1 or 2 times per week
- 3 ☐ At least 3 times per week



★37. If you ride a motorcycle or all-terrain vehicle (ATV) what percent of the time do you wear a helmet?

1 ☐ 75% to 100%  
 2 ☐ 25% or 74%  
 3 ☐ Less than 25%  
 4 ☐ Does not apply to me

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★38. Do you eat some food every day that is high in fiber, such as whole grain bread, cereal, fresh fruits or vegetables?

1 ☐ Yes                      2 ☐ No

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★39. Do you eat foods every day that are high in cholesterol or fat, such as fatty meat, cheese, fried foods, or eggs?

1 ☐ Yes                      2 ☐ No

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★40. In general, how satisfied are you with your life?

1 ☐ Mostly satisfied  
 2 ☐ Partly satisfied  
 3 ☐ Not satisfied

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★41. Have you suffered a personal loss or misfortune in the past year that had a serious impact on your life? (For example, a job loss, disability, separation, jail term, or the death of someone close to you.)

1 ☐ Yes, 1 serious loss or misfortune  
 2 ☐ Yes, 2 or more  
 3 ☐ No

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★42a. Race

1 ☐ Aleutian, Alaska native, Eskimo or American Indian  
 2 ☐ Asian  
 3 ☐ Black  
 4 ☐ Pacific Islander

5 ☐ White  
 6 ☐ Other  
 7 ☐ Don't Know

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★42b. Are you Hispanic, Mexican-American, Puerto Rican, or Cuban?

1 ☐ Yes                      2 ☐ No

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★43. What is the highest grade you completed in school?

1 ☐ Grade school or less  
 2 ☐ Some high school  
 3 ☐ High school graduate

4 ☐ Some college  
 5 ☐ College graduate  
 6 ☐ Post graduate or professional degree

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★44. What is your job or occupation? (Check only one)

1 ☐ Health professional  
 2 ☐ Manager, educator, professional  
 3 ☐ Technical, sales or administrative support  
 4 ☐ Operator, fabricator, laborer  
 5 ☐ Student  
 6 ☐ Retired

7 ☐ Homemaker  
 8 ☐ Service  
 9 ☐ Skilled crafts  
 10 ☐ Unemployed  
 11 ☐ Other

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★45. In what industry do you work or did you last work?

1 ☐ Electric, gas, sanitation  
 2 ☐ Transportation, communication  
 3 ☐ Agriculture, forestry, fishing  
 4 ☐ Wholesale or retail trade  
 5 ☐ Financial and service industries

6 ☐ Mining  
 7 ☐ Government  
 8 ☐ Manufacturing  
 9 ☐ Construction  
 10 ☐ Other

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Adapted by Mary Ann Heussner, Ph.D., Extension health education specialist from *Healthier People*, The Carter Center of Emory University Health Risk Appraisal, 1988.

*Educational programs conducted by the Texas Agricultural Extension Service serve people of all ages regardless of socioeconomic level, race, color, sex, religion, handicap or national origin.*

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